

... 3.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH			ARIZONA STATE BOARD OF HEALTH		
1. County of <u>Sila</u>			BUREAU OF VITAL STATISTICS		
District of _____			ORIGINAL CERTIFICATE OF BIRTH		
Town of <u>Miami</u>			State Index No. <u>153</u>		
or _____			Co. Registrar No. <u>51</u>		
City of _____ No. _____ St. _____ Ward) _____			Local Registrar No. _____		
(If birth occurred in a hospital or institution, give its NAME instead of street and number)					
2. Full name of child <u>Becente Campos</u>			If child is not yet named, make supplemental report, as directed		
3. Sex of child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other 5. No., in order of birth <u>3</u>	6. Legitimate? <u>yes</u>	7. Date of birth <u>Jan 22-1923</u> (Month, day, year)	
8. FATHER Full name <u>Jose Campos</u>			14. MOTHER Full maiden name <u>Belen Catania</u>		
9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and State			15. Residence (Usual place of abode) <u>Miami, Arizona</u> If nonresident, give place and State		
10. Color or race <u>Mex.</u>			16. Color or race <u>Mex.</u>		
11. Age at last birthday <u>23</u> (Years)			17. Age at last birthday <u>23</u> (Years)		
12. Birthplace (city or place) <u>Ag Calientes</u> (State or country) <u>Mexico</u>			18. Birthplace (city or place) <u>Georgetown</u> (State or country) <u>New Mexico</u>		
13. Occupation <u>Smelterman</u> Nature of Industry			19. Occupation <u>Housewife</u> Nature of Industry		
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) <u>3</u>			(a) Born alive and now living <u>3</u> (b) Born alive but now dead _____ (c) Stillborn _____		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>9:10</u> A.M. on the date above stated. (Born alive or stillborn)					
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.			Signature <u>C. M. Crow M.D.</u> (Physician or midwife)		
Given name added from a supplemental report _____ (Month, day, year)			Address <u>Miami, Arizona</u>		
232-122-231 Registrar.			Filed <u>Jan 31</u> , 19 <u>23</u> <u>Charles E. Davis</u> Local Registrar.		
			Filed <u>2/8</u> , 19 <u>23</u> <u>B. G. Fox</u> County Registrar.		